### Sexual Assault Response Coordinator (SARC) Conference 2006 Achieving Success—Commitment into Action



# Special Considerations in Interventions with Sexual Assault Victims

Terri Spahr Nelson, MSSW, ACSW





### Special Considerations\_\_\_\_ with Sexual Assault

**Victims** 

"The core experiences of trauma are disempowerment and disconnection from others.

Recovery, therefore, is based on the empowerment of the survivor (regaining control) and the creation of new connections."

-Judith Herman (Trauma & Recovery, 1992)





### Special Considerations\_\_\_\_ with Sexual Assault

#### **Victims**

- 1) Counter-intuitive responses of victims
- 2) Collateral misconduct
- 3) Victim's prior (or existing) relationship with the accused
- 4) Victim provides misinformation/recants
- 5) Suicidal ideations (or other mental health concerns)



### **Counterintuitive Responses**

A victim's actions or inactions during or after a sexual assault which might seem illogical, irrational, inconsistent do not or make sense to others.





### **Counterintuitive Responses**

#### **Examples**:

- Delayed reporting (for days, weeks...)
- Victim's confusing behavior/actions:
  - »did not physically resist
  - »did not say "No"
  - »showers/destroys evidence
  - »kisses accused after assault
  - »continues relationship w/him



### **Counterintuitive Responses**

#### **Examples**:

- Minimizes event or injuries to protect the accused
- Uncooperative w/police
- Atypical demeanor at trial or after incident (making jokes, laughing)
- Recanting report within 2-3 days (denying it happened)





## Counterintuitive Responses <u>Potential Problems</u>

- Not what the average person (juror) 'expects'
- Does not act like a 'victim'
- Can raise doubts re: credibility of the victim
- Can raise questions re: validity of sexual assault report





### <u>Counterintuitive Responses</u> <u>Delayed Reporting</u>

- The majority of sexual assaults are NOT reported
- Not uncommon for victims to delay Some victims wait days or weeks
- Some only report due to pressure from family or friends





## Reasons for Delayed Reporting

- Victim's word vs. accused—no witnesses
- Self-blame or guilt (would have done something differently...)
- Collateral misconduct—fear potential repercussions
- Personal nature of the victimization (embarrassing)
- Mistrust of the system to protect them





## Reasons for Delayed Reporting

- Uncertain about what happened (black out, denial)
- Prior relationship w/offender
- Acute stress disorder/PTSD (efforts to avoid the trauma)
- Want to 'get on with their lives'
- Don't think it will make a difference





### **Intervention Tips**

- Avoid judging victim's behaviors
- Validate victim's responses ('normal in crisis situation')
- Indicate that other victims have similar responses/reactions
- Help others to understand the reasons for delayed reporting
- Educate commanders and providers re: counter-intuitive responses



#### **Collateral Misconduct**

### In brief:

Victim engaged in conduct that was a violation of the UCMJ prior, during or after the sexual assault.



### **Collateral Misconduct: Examples**

- ExamplesUnderage drinking
- Fraternization
- Adultery
- Curfew violation
- Other activities noncompliant w/UCMJ



#### **Collateral Misconduct**

- The activity is violation of UCMJ
- Potential implications/disciplinary action for the misconduct
- Barrier to reporting rape (to avoid disciplinary action)
- Potential for: victim-blaming by others; feelings of guilt by victim

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### <u>Collateral Misconduct: DoD</u> <u>Policy</u>

#### **Unit Commanders:**

- Have authority re: disposition of case
- Can defer disciplinary actions
- Should consider encourage reporting
- Should avoid actions that further traumatize the victim

Source: Collateral Misconduct in Sexual Assault Cases (JTF-SAPR-001)



### Collateral Misconduct: Alcohol or Drug Use

- Majority sexual assaults involve alcohol or other drugs
- In most cases, victim willingly consumed the alcohol or drug
- Problematic if underage drinking or excessive use
- Victim is <u>not</u> to blame if raped while under influence





### Collateral Misconduct: Alcohol or Drug Use

#### **Black Outs:**

- Inability to give/deny consent
- Cannot recall all details, may be gaps in the report
- Memory loss rarely regained
- Additional trauma for victim (not knowing what happened)





## Collateral Misconduct: Alcohol and S.A. Study

- 8,500 college women
- Appr. 1 in 20 reported being sexually assaulted
- 75 percent indicated they were intoxicated during s.a.

Source: Harvard School of Public Health College Alcohol Survey, 2004

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### Collateral Misconduct: DFSA

- Involuntary (unknown) ingestion of D/A
- Given to subdue intended victim
- Can be unconscious in 20 minutes
- Causes passivity, muscle relaxation
- Results in full or partial memory loss





## Collateral Misconduct: Victim Concerns/Fears

- Disciplinary action
- Exposure, embarrassment, shame
- Loss of respect and credibility
- Military discharge, loss of career
- Psychiatric or drug treatment
- Other career implications (e.g., loss of security clearance)
- Potential loss of relationships (divorce, colleagues...)





### **Intervention Tips**

- Listen to victim's concerns about reporting the sexual assault
- Remind victim of DoD collateral misconduct policy/reporting options
- Encourage victim to seek treatment w/restricted report (if concerned)
- Be aware of Commander's responses to collateral misconduct
- Educate Commanders and other providers re: DoD policy





 Over 75% of sexual assaults are committed by someone the victim knows

 This can have a significant effect on the case and victim's recovery



- **Kiew/Religis** do this to someone they know.
- Victim must have done something to deserve it.
- If they had sex before, why would he rape her?
- Victim must have provoked it.





# Victim's Relationship w/Accused: Victim's Relationship w/Accused: Victim's loss of trest incerns?

- Ambivalence--*I don't want to get him in trouble*
- Concerns about mutual friends--Will they believe him or me?
- Concerns about workplace--He/she is my supervisor.
- Family or cultural pressures--My family loves (hates) him.





- Believes offender/abuse will stop
- Socially/financially connected (marriage, children)
- Fears more harm to self or children
- Battered Woman's Syndrome
- Telling will only make it worse





### **Intervention Tips**

- Validate victim's ambivalent feelings
- Remind victims: It was NOT their fault
- Provide information re: reporting and treatment options
- Allow victims to make their own decisions about what to do
- Remember, testifying against the offender could be very difficult for victim





 Victims might give inconsistent, untrue, or embellished information.

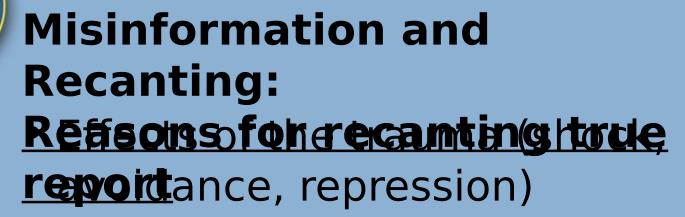
 This is not always a deliberate false allegation.



#### Misinformation or Recanting

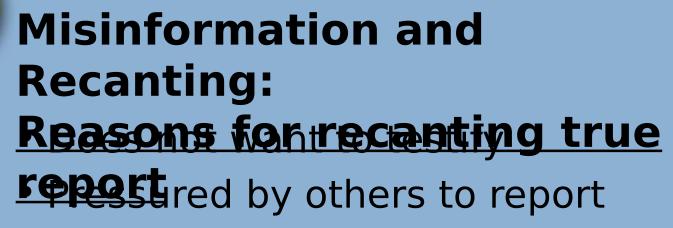
- Victims might change their mind re: criminal justice process
- Usually happens within 2-3 days of the report
- Victim might deny it happened
- Does <u>not</u> mean the sexual assault did not occur





- Alcohol or drugs (memory gaps)
- Embarrassed of telling the sexually-explicit details
- Collateral misconduct
- Fear of not being believed





- Self-Blame or guilt
- Desire to 'get on with their life'
- Fear of repercussions, fear, threats
- Protecting offender (does not want to get him/her in trouble)

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## Misinformation: False Reports

#### **Important note:**

It is more likely that a sexual assault victim will NEVER report the crime to law enforcement (only 10-17% do) than for someone to make a false report.





## Misinformation: False Westign false report?

- An individual reports an incident as a sexual assault when in fact, no sexual assault occurred OR...
- The sexual assault did not occur exactly as it was reported.





#### **Intervention Tips**

- Develop rapport with victim to establish trusting foundation
- Review parameters of restricted vs. unrestricted reporting
- Validate victim's concerns and ambivalence about reporting
- Answer victims' questions directly and honestly





### Suicidal Ideations and \_\_\_\_ Other Mental

Héaltha Concerts ird of victims experience depression, PTSD (post traumatic stress disorder) or self-destructive behaviors.





### Suicidal Ideations and \_\_\_\_\_ Other Mental Warning eigns to get further help:

- Depression that has not gone away
- Suicidal thoughts or plans
- Serious thoughts or a plan to hurt/kill someone
- Self injury or self mutilation
- Symptoms of PTSD





## Suicidal Ideations and Suicidal Thow Mental Health Concerns

Rape victims are 13 times more likely to attempt suicide compared to the general population.





### Suicidal Ideations and Otherntahletahletalthervention:

- **Contagns**riously about death/suicide
- Increasing isolation from friends
- Giving away possessions
- Dramatic changes at work
- Prolonged depression
- Impulsive, risk-taking behaviors





# Suicidal Ideations and Other Mental Health Gongernsoints:

- Take all thoughts/discussions of self harm and suicide seriously
- Confidentiality does not apply
- Know your limits and seek additional assistance or support
- Refer to mental health professional





### **Intervention tips**

- Integrate good professional ethics
- Maintain healthy boundaries
- Utilize sound practice strategies
- Practice within your expertise and REFER out if warranted
- Respond to the warning signs





### **Special Considerations:** SummaryMany factors affect victim reports

- Recanting or providing misinformation does not = false report
- Some extenuating factors include:
  - collateral misconduct
  - alcohol or drug use
  - victim's prior relationship w/offender
  - suicidal ideations/other mental health issues
- Refer victims for appropriate mental health care as indicated





### <u>Special Considerations:</u> <u>Summary</u>

When responding to victims:

Treat all sexual assault victims the way you would want your loved one to be treated if it happened to them—with respect, compassion and dignity.





### Presenter's Contact Information

33 West Walnut Street
Oxford OH 45056
(513) 523-0197
tsnelson01@yahoo.com
www.tsnelson.com